

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029525

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 172

FILED JUL 25 1963

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Moberly

Length of stay in 1b
60 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Woodland Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

Randolph

c. CITY OR TOWN

Moberly

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

520 McKinley

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

ALBERTA JANE HOLMAN

4. DATE OF DEATH

July - 23 - 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-14-1895

9. AGE (last birthday)

68

10. UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Monroe City Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lewis Young

13b. MOTHER'S MAIDEN NAME

Anna E. Murray

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Jim Ben Moberly

Address

Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction
Congestive failure

INTERVAL BETWEEN ONSET AND DEATH

3 d.

3 d.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1956 to 7/23/63 and last saw her alive on 7/23/63
Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

[Signature]

22b. ADDRESS

121 S. Lewis Moberly

22c. DATE SIGNED

7/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

July - 25 - 1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Memorial Gardens

23d. LOCATION (City, town, or county)

Moberly Missouri

24. FUNERAL DIRECTOR

Cater Funeral Home Moberly Mo.

25. DATE RECD. BY LOCAL REG.

July 24 - 1963

26. REGISTRAR'S SIGNATURE

W. Emil White

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	AMENDED
1 0887		
2 0887		
3		
4 1		
5 2		
6		
7 0		
8 0		
9 4201		
10		
11		
12 5-0		
13 30		

JUL 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address

Mobile, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.